

**JULY 1, 2015 - JUNE 30, 2017  
CONDOMINIUM ASSOCIATION BIENNIAL  
REGISTRATION APPLICATION**

**ALL INFORMATION PROVIDED  
IS PUBLIC INFORMATION**

**FOR OFFICE USE ONLY**

593 01632994 13- 5/04/15 60.00  
906 01632995 13- 5/04/15 300.00

**BIENNIAL REGISTRATION DEADLINE: Monday, June 1, 2015  
(Bond exemption reapplication deadline: Thursday, April 30, 2015)**

1. Project registration number: **3231**

Name of condominium project: **KAU'I OKAHALOA IKI**

Project street address (required): **3030 LOWREY AVE HONOLULU HI 96822**

Total # units: **30**

Expiration of bond on file with Commission:

NOTE: If no information is printed in the "Expiration of bond on file with Commission" field, the AOUC has previously applied for a fidelity bond exemption (all fidelity bond exemptions expire at the conclusion of the biennial registration period). Question #5 of this application allows the AOUC to select a fidelity bond exemption:

2. a. List the names of the officers of the association (**all information provided is public information**)

President (required): None at this time

Vice President (optional): \_\_\_\_\_

Secretary (required): \_\_\_\_\_

Treasurer (required): \_\_\_\_\_

b. Designated officer (from section 2a) for direct contact (required):

Manager of

Title: University Housing Name: Andrew A Lachman

Mailing address (public): University of Hawaii, University Housing, Aux Svcs. Bldg. 1951 East West Road

City: Honolulu State: HI Zip: 96822 Day Phone: 808-956-8449

Public Email (optional): lachman@hawaii.edu

NOTE: Contact name of individual, public phone number and public mailing address where a unit owner and the owner's authorized agents may be able to obtain the documents, records, and information required to be provided to a unit owner and the owner's authorized agents pursuant to HRS §§ 514B-152 -154.5.

3. a. Person to receive AOUC correspondence & calls from Commission (required):

This individual will receive notices to update fidelity bond coverage, as well as correspondence from the Commission.

Manager of

Title: University Housing Name: Andrew A Lachman

Mailing Address: University of Hawaii, University Housing, Aux Svcs. Bldg. 1951 East West Road

City: Honolulu State: HI Zip: 96822 Day Phone: 808-956-8449

Public Email (optional): lachman@hawaii.edu

Reg ..... 593 ..... \$60 \$ 60  
CETF ..... 906 ..... \$ 10 x30 \$300  
Service Fee ..... BCF ..... \$25  
Bond Exemption .. 593 ..... \$50  
**TOTAL DUE \$360**

11. Has the AOUC utilized mediation or arbitration to resolve condominium disputes within the last two years? ☐ Yes ☐ No ☐ Not Applicable

If yes, how many times? Mediation: \_\_\_\_\_ Arbitration: \_\_\_\_\_

12. a. Does the AOUC have a separate email account? ☐ Yes ☒ No

What is the association's **public** email address? (optional) \_\_\_\_\_

b. Does the AOUC maintain an internet website? ☐ Yes ☒ No

What is the **public** website address? (optional) \_\_\_\_\_

RECEIVED  
APR 27 1980  
HAWAIIAN  
HOMES

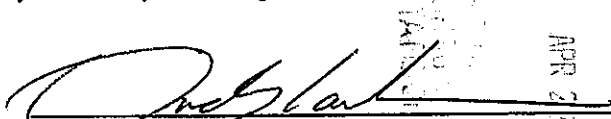
15 APR 27 1980

RECEIVED  
APR 27 1980  
HAWAIIAN  
HOMES

**CERTIFICATION OF CONDOMINIUM ASSOCIATION OFFICER, DEVELOPER, 100% SOLE OWNER, OR  
MANAGING AGENT WITH DELEGATION OF DUTY TO REGISTER**  
**For the period July 1, 2015 – June 30, 2017**

1. I have read and understand the Instructions.
2. I certify that this application is complete as required, and is accompanied by the required documents and fees.
3. I certify that I am authorized to sign this certification on behalf of this condominium association, that the information provided is true and correct, and that there are no material omissions. (It is unlawful for any AOOU, its officers, board, or agents to file with the Commission any information that is false or contains a material misstatement of fact (HRS §§ 514A-134 and 514B-99.3). Any violation is a misdemeanor.
4. I certify that any changes to the required information provided in questions one (1) through five (5) of the registration application information, as required by HRS § 514B-103 (a) (1), shall be reported to the Real Estate Commission, in writing, within 10 days of the date of change. I further certify that the condominium association shall continue to update all other information during the biennial registration period as required by statute and provide updated information as requested by the Real Estate Commission. Also, written notification shall be provided to the Real Estate Commission at least 30 days prior to cancellation, termination, or a material change to the information provided in the evidence of fidelity bond coverage.
5. I certify that this condominium association does maintain continuous fidelity bond coverage in compliance with HRS § 514B-143 (a) (3), and that evidence of fidelity bonding or bond exemption shall be filed with the Real Estate Commission throughout this entire registration period. This condominium association acknowledges that its registration shall be automatically terminated for failure to provide the Real Estate Commission with evidence of continuous fidelity bond coverage (if applicable) through June 30, 2017.
6. This condominium association has received sufficient notice that if it fails to submit a completed registration application and fails to maintain continuous fidelity bond coverage or an approved fidelity bond exemption, it shall not have standing to maintain any action or proceeding in the courts of this State until it properly registers (HRS § 514B-103 (b)).

APR 2 2015  
RECEIVED  
COUNTY OF HAWAII  
DEPARTMENT OF LAND & NATURAL RESOURCES

  
 Signature of Association Officer, Developer, 100% Sole Owner, or Managing Agent  
 (Original signature or stamp preferred, however facsimile or photocopied signatures are accepted)

Andrew A Lachman

Print Name

April 10, 2015

Date

KAU'I OKAHALOA IKI

Print Name of Condominium Association (Managing Agent include CMA Name)

**CHECK ONE ONLY:** ☐ President ☐ Vice-President ☐ Secretary ☐ Treasurer  
☒ Developer or Developer's Agent registering for unorganized association  
☐ 100% Sole Owner of Condominium Project  
☐ Managing Agent with Delegation of Duty to Register

Mail or deliver all fees & documents to: Real Estate Branch, AOOU Registration, 335 Merchant St., Rm. 333, Honolulu, HI 96813

If you need assistance: call (808) 586-2643 to speak to a condominium registration clerk.

This material can be made available for individuals with special needs. Please call the Senior Condominium Specialist at (808) 586-2643 to submit your request.